INITIATIVE PETITION FOR A LAW RELATIVE TO FEE DISCLOSURE FOR RADIOLOGY AND OTHER IMAGING PROCEDURES

Be it enacted by the people, and their authority:

Section 1.

Section 228 of Chapter 111 of the Massachusetts General Laws, as appearing in the 2016 Official Edition, is hereby deleted and replaced with the following:

Section 228. Clear and Conspicuous Fee Disclosure for Radiology and other Imaging Services by Certified Medical Facilities and Professional Practices

(a) All providers of radiology and imaging procedures, as a condition of licensure, will comply with this section. As used in this section, "providers" shall mean all certified medical facilities and private medical and dental practices. The providers will publicly disclose their current fees for the technical component of imaging procedures, charged to Massachusetts residents, before any special discounts, such as traditionally negotiated with private health insurance companies or government insurance plans such as Medicare. As used in this section, "fee for the technical component", shall mean the total fee for use of the facility's equipment, room, supplies, employment of personnel to operate the equipment and any other ancillary charges. The provider shall state that there will usually be a separate professional fee for interpretation of the imaging procedure.

(b) Disclosure of undiscounted fee for the technical component charged to Massachusetts residents, for radiology and other imaging procedures, will be made available to consumers in each of the following ways:

(i) All providers, who have a website, will clearly post on the home page, an easily identified link entitled Fees for Radiology and other Imaging Procedures. The provider will identify the procedures with the same billing code as submitted to Medicare at the time the procedure is done. For example, if the CTP code is used for Medicare billing, the format will be as follows:

CT Scan Abdomen & Pelvis, with Contrast, CTP 74177, undiscounted technical fee

CT Scan Abdomen & Pelvis, without Contrast, CTP 74178, undiscounted technical fee

As used in this section, "CTP code", shall mean Current Procedural Terminology. CPT is a medical code set used to identify specific surgical, medical, or diagnostic interventions.

(ii) Conspicuously displaying undiscounted technical fees by descriptive procedure name and current Medicare billing code at the physical site where the technician performs the

procedure. Furthermore, prior to the procedure being performed, the provider will give to the consumer a written statement disclosing the procedure name, current Medicare billing code, undiscounted technical fee and the amount of the discount for uninsured individuals, if any. The provider may include information about insurance coverage to help explain responsibility for payment of the fee. A written statement, as described above, will not be required to be given to a consumer, unless requested by the consumer, if the procedure is ordered by an emergency room physician.

The Radiology and imaging procedures pertaining to Section 228 will include all procedures priced over $100. The radiology and imaging procedures include but are not limited to the following: Mammography, Fluoroscopy, Nuclear medicine imaging such as bone, kidney, lung and liver scans, Bone density, MRIs with and without contrast, CT scans with and without contrast, PET scans, Ultrasound (Echocardiograms, carotid, renal, abdomen, pelvis, venous duplex), ultrasound, CT scan and MRI guided biopsies and therapeutic injections, diagnostic X-rays of chest and all other body parts, EEG.

(c) Failure to comply with this section is a violation of G.L. c. 93A and the Attorney General shall be responsible for enforcement of this section. The Attorney General may request assistance, if needed, from other Commonwealth agencies to conduct surveillance of websites of providers, making announced and unannounced onsite inspections, and investigating consumer complaints. The Attorney General will send a letter of inquiry to a provider requesting an explanation if there is the appearance of noncompliance. The letter will be deemed a matter of public record. It will include a copy of this section and inform the facility that it has 30 days, from the date on the letter, to comply with this section. The letter of inquiry will advise the facility that its license can be placed on probation and subsequently revoked for continued lack of compliance. It will also advise that the Attorney General may bring court action against the facility as authorized by G.L. c 93A, Section 4.

(d) Providers not in compliance within 30 days of the date on the Attorney General's letter of inquiry will receive a warning letter from the Attorney General also deemed to be a matter of public record. A copy of the second letter will sent to the provider's professional licensing board. Notice of the warning letter will be posted on the Attorney General's website and the website of the provider's licensing board. The warning letter will give the provider another 30 days from the date on the warning letter to comply. Compliance outcome will be determined by the Attorney General's office. At any time that the Attorney General determines that the provider has completed satisfactory compliance, the notice of warning will be removed from the Attorney General's website and the provider's licensing board will be notified to remove the warning from its website.

(e) Providers not in compliance within 45 days from the date of the Attorney General's warning letter will be notified to appear before the Attorney General, or a Commonwealth agency designated by the Attorney General, to provide face to face notification that the provider has

been placed on probation to have its license suspended and giving the provider 90 days to comply with this section or the Attorney General shall direct the provider's licensing board to revoke its license. The Attorney General will also notify the provider whether the authority of Chapter 93A, Section 4 will be invoked to bring court action against the provider. Should the license be revoked, the provider may reapply for a license by the usual process.

(f) If a patient or prospective patient is covered by a health plan, the health care provider that provides the radiology or other imaging procedures, shall, upon request of a patient or prospective patient, provide the billing code used for billing Medicare and the toll-free telephone number and website of the health plan established to disclose out-of-pocket costs, under section 23 of chapter 176O. Based on the descriptive name of the procedure and Medicare billing code, the health plan will disclose the out-of-pocket cost to the patient or prospective patient at the time the telephone call or website contact is made.

Section 2. This act shall take effect on January 1, 2019.

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